

## Parent/Guardian Permission Form for Surveys in School Settings

**We are asking for your permission to allow your child to participate in a sex education/health program at school and in the program evaluation.** The evaluation is conducted by the University of California, San Francisco and is sponsored by the California Department of Health Services. The evaluation consists of a survey about your child's thoughts on such topics as abstinence, teen pregnancy, refusal skills, and communication skills. The questions on the survey cover topics such as sexual activity, personal values, drug or alcohol use, and future plans. Some questions ask about your child's own sexual behavior. Project staff will administer the survey, which will help us to find out if the program is successful in educating youth and reducing teen pregnancy. If you do not want your child to complete the survey, he or she will still be allowed to participate in the program.

My child, \_\_\_\_\_  
(Please print your child's name)

(Check one)

- ☐ **YES**, my child may participate in the Program **and** the Evaluation (survey).
- ☐ **YES**, my child may participate in the Program, **but not** the Evaluation (survey).
- ☐ **NO**, my child cannot participate in the Program **or** the Evaluation (survey).

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

If you have any questions, please call (contact name) from (school or Agency name) at (phone number).

## Questions and Answers for Parents/Guardians

**Q. Where and when will the surveys be given?**

**A.** The surveys will be distributed at your child's school during one class period twice during the school year.

**Q. Does my child have to complete the survey?**

**A.** Answering the questionnaire is voluntary. Students may choose not to answer any questions, or not to answer questions that make them feel uncomfortable. Students may also stop answering questions at any time. If a student decides not to participate in the survey, it will not affect his/her participation in any other school program or activity.

**Q. My child doesn't smoke, drink, use drugs, nor is he/she involved in any sexual activity. Why should he/she take part in this study?**

**A.** It will help us to gain information from students who don't participate in these risky behaviors. Information from all these students helps us to understand how students decide to be alcohol/drug free, to abstain from sex, or to use birth control/condoms if they are having sex. This information can help solve problems that teens are facing and help us improve pregnancy prevention programs for youth/teens.

**Q. Are the results of the surveys confidential?**

**A.** Yes, your child's name cannot be connected with his or her survey answers. The program evaluators at the University of California, San Francisco, will see your child's answers but will not share that information with anyone who can link it back to an individual participant. The results will be reported by group only and not by individual. In order to continue with our project, we have to guarantee that your child's privacy will be respected.

**Q. If I give my permission, does my child have to complete the survey?**

**A.** No, your child can complete any part of a survey, or none of it, without penalty. His/her participation is completely voluntary.

**Q. Are there any risks to my child if s/he completes the survey?**

**A.** This project presents little risk to students. Participation in research involves a loss of privacy, but surveys will be handled as confidentially as possible. No names will be used in any published reports about this study. Students might have some discomfort when they answer questions on the survey. Students do not have to answer any questions if they do not want to. If a student decides not to take the survey, it will not affect whether s/he can take part in any other school program.

**Q. What does my child get out of all this?**

**A.** Your child will be given the chance to voice his/her opinion about alcohol, drugs, and sexual activity. Some students feel that no one ever listens to them or is interested in what they do and think. This is a chance for them to express themselves. The results of the surveys will also help the school plan programs that will better meet the needs of your child.

**Q. What if I want to see a blank survey?**

**A.** Call \_\_\_\_\_ if you would like to review the survey; it is available in the school office.

**Q. What if I have any comments or concerns about my child's participation in this study?**

**A.** If you have any comments or concerns about your child's participation in this study, you should first talk with the health educators that are distributing the survey. You may also call Dr. Claire Brindis, Principal Investigator, at (415)476-5255 at the University of California, San Francisco. You may call collect. If, for some reason, you do not wish to talk with the researchers, you may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. You may reach the committee office between 8:00 and 5:00, Monday through Friday, by calling (415) 476-1814 or by writing: Committee on Human Research, Box 0962, University of California, San Francisco/San Francisco, CA 94143.

**Thank you for your consideration.**